

Medicare Signature On File

I request that payment of authorized Medicare benefits be made on my behalf to **Ross Nathan, M.D.**, and/or **George A. Macer, M.D.**, for any services furnished to me. I authorize any holder of medical information about me to release this information to Medicare and its agents in order to determine if I have any available benefits related to these services. In addition (if applicable) I request payment of authorized Medi-Gap benefits to be made payable to **Ross Nathan, M.D.**, and/or **George A. Macer, M.D.** I also authorize any holder of medical information about me to release this information to my Medi-Gap Insurer (named below) in order to determine if I have any available benefits related to these services. I understand my signature below requests that payment for services be made by Medicare and Medi-Gap (if applicable), and also authorizes the release of medical information necessary to pay any submitted claims. If "other health insurance" is indicated in Block 9 of the HCFA-1500 form, or elsewhere on this and/or other approved claim forms, or electronically submitted claims, my signature authorizes releasing the necessary information to the insurer or agent shown. In Medicare-assigned cases, the provider or supplier agrees to accept the charge determination of Medicare as the full charge, and the patient is responsible only for the deductible, co-insurance, and balance for non-covered services or products. Co-insurance and deductible amounts are determined by Medicare.

Patient's Name: _____	Medicare Number: _____
<i>(if applicable)</i>	
Name of Medi-Gap Insurer: _____	Medi-Gap policy number: _____

Provider Name(s):	Ross Nathan, M.D., Ross Nathan, M.D., Inc. DBA The Hand & Wrist Center George A. Macer, M.D., George A. Macer, Jr., M.D. Medical Corp. 3918 Long Beach Boulevard Suite 100, Long Beach CA 90807
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Notice of Exclusions: Medicare

There are services and/or products which Medicare may not pay for. The following is a general list of those items which may be considered as non-covered items. This is only a general summary of exclusions, which may or may not include items related to this office.

- **Outpatient Occupational and Physical Therapy services rendered "incidental" to a physician's services**
- **Services/products provided in a facility not contracted with the Department of Health and Human Services (except in a case of urgent need)**
- **Durable Medical Equipment (DMEs)**
- **Personal comfort items (not deemed medically necessary)**
- **Services of an assistant at surgery without prior approval from the peer review organization**
- **Physicians' services performed by a physician assistant, midwife, psychologist, or nurse anesthetist in an in-patient setting (unless under arrangements by the hospital)**
- **Outpatient prescription drugs**
- **Services paid for by a government entity that is not Medicare**
- Routine physicals and tests for screening
- Home health services and other medical services rendered, but claims not submitted to Medicare
- Items provided to individuals who are residents of a skilled nursing facility, or a part of a skilled nursing facility (unless under arrangements by the skilled nursing facility)

For a complete, updated summary of non-covered items, please contact the *Centers for Medicare and Medicaid Services* at 1-800-MEDICARE (1-800-633-4227), or visit www.cms.hhs.gov.

Advance Beneficiary Notice (ABN)

Dr. Ross Nathan and **Dr. George A. Macer** are licensed Medicare providers; however, you may or may not be aware that Medicare **may not** pay for the following item(s) and/or service(s):

- In-office procedures, and/or "same-day" services
- Surgical procedures (and/or related services and products)
- Durable Medical Equipment (DME) – (this category includes all prefabricated and custom-made hand- and forearm-based splints, slings, casts, and other similar items)
- Dressings/bandages (and all related supplies)
- Occupational Therapy (and/or related services and products)
- "Other services" provided by non-affiliated entities, as recommended by your doctor (i.e. MRIs, CT scans, nerve studies, laboratory studies, and other similar services)

Service and/or product balances that are not covered by Medicare, will be billed directly to you, or to any other supplemental insurance plan you may have. Please note, even if you have supplemental insurance coverage, there is no guarantee that your supplemental plan will cover the items Medicare has deemed as non-covered items.

The purpose of this notice is to inform you of the above stated in order to help you make informed decisions regarding your care. Although certain services may not be covered by Medicare, this does not mean that you should decide not to obtain the listed services and/or products. Before making your decision to accept or decline services and/or products, please do the following:

- **Ask our office staff to explain to you why Medicare may not pay for certain services and/or products**
- **Ask us how much these services/products will cost (in case you must pay for these)**
- **Ask the physician to explain the importance of receiving certain services and/or products**

I acknowledge and accept the above.

Patient Signature: _____

Date: _____